C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6526 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

June 4, 2009

Ferren Weeks, Administrator Yellowstone Group Homes #4 (Fox Hollow) 560 West Sunnyside Lane Idaho Falls, Idaho 83401

RE: Yellowstone Group Homes #4 (Fox Hollow), Provider #13G066

Dear Mr. Weeks:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Yellowstone Group Homes #2 (Sunnybrook), on May 13, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of

Ferren Weeks, Administrator June 4, 2009 Page 2 of 2

correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **June 17, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

TAYLOR BARKLEY Health Facility Surveyor

John BM

Facility Fire Safety and Construction Program

TB/lj

Enclosures

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Printed: 06/04/2009

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING 13G066 05/13/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 370 HOLLOW DRIVE YELLOWSTONE GROUP HOME #4 (FOX HOLL IDAHO FALLS, ID 83404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 The facility is a single story, type V (000) construction. It is fully sprinklered with Quick Response sprinklers and type 13 D system. Also there is a complete fire alarm/smoke detection system. The building was completed April 10, 1998. Currently the facility is licensed for 6 ICF/MR beds. The facility was surveyed in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability. The survey was conducted under 42 CFR 483.470. The deficiencies identified during this survey are listed below. The annual life safety code survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire/Life Safety and Construction Program Plan of torrection of 6/16/9 K0056 483,470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33,2.3,5.2 and activates the fire alarm system in accordance with 33.2,3,4,1. The adequacy of the water supply is documented to the authority having jurisdiction.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator 6/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients, (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Printed: 06/04/2009 FORM APPROVED

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		13G066	B. WING		05/1	13/2009		
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	system is in accord	ance with Section 9.7 and	1			ĺ,		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/04/2009 FORM APPROVED OMB NO. 0938-0391

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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6/16/09

Plan of correction for the fire life safety survey of Yellowstone Group Home #4 (Fox hollow) conducted May 13th of 2009.

Upon learning of the findings from the survey inspection on May 13th, 3-D Fire Protection the established inspection provider was contacted our deficiencies and scheduled a prompt inspection. The inspections were by the maintenance supervisor Matt Cordon. He discussed completed on May 20 of 2009. A copy of the inspection is enclosed. Mr. Cordon then discussed with the agency their records and lack of notification that the inspections were due. He also discussed the need to properly tag the system. All contact information was verified to ensure their ability to notify us in the future.

In addition the facility's preventive maintenance program will be revised by July 1 to definitely alert the maintenance supervisor of the due dates of preventive maintenance tasks not just leaving it up to contracted services. This will be accomplished by closely tying the preventive maintenance schedule to our monthly administrative calendar which is reviewed at least weekly by all the home administrators. Ferren Weeks the Regional Administrator will be responsible for its completion by July 1.

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Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 05/13/2009 13G066 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 370 HOLLOW DRIVE YELLOWSTONE GROUP HOME #4 (FOX HOLLOW) IDAHO FALLS, ID 83404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) M 000 16.03,11 Inital Comments M 000 The facility is a single story, type V (000) construction. It is fully sprinklered with Quick Response sprinklers and type 13 D system. Also there is a complete fire alarm/smoke detection system. The building was completed April 10, 1998. Currently the facility is licensed for 6 ICF/MR beds. The facility is a single story, type V(000) construction. It is fully sprinklered with Quick Response sprinkler heads. It has a complete fire alarm/smoke detection system. This home was built/completed on April, 1998. Currently it is licensed for 6 ICF/MR beds. The survey was conducted in accordance with applicable fire/life safety requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The deficiencies identified during this survey are listed below. The annual life safety code survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire/Life Safety and Construction Program Refer to 1400 56 6/16/9 MM309 | 16,03,11,110 Fire and Life Safety Standards MM309 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE inistrator STATE FORM 021198

PRINTED: 06/04/2009 FORM APPROVED

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